

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/554248

CLAIMS

AS FILED

AFTER  
1<sup>ST</sup> AMENDMENT

AFTER  
2<sup>ND</sup> AMENDMENT

	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3			1			
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TOTAL IND.

2



TOTAL DEP.

19



TOTAL CLAIMS

21

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

BEST AVAILABLE COPY